

CHILD CARE LICENSING UNIT
STATE OFFICE PARK SOUTH
129 PLEASANT STREET, BROWN BUILDING, CONCORD, N.H. 03301-3857
TEL. 603-271-9025 OR 1-800-852-3345, EXT. 9025

STATEMENT OF FINDINGS

ISSUE DATE: 01/28/2019
VISIT TYPE: Permit to Full
VISIT DATE(S): 01/09/2019
CORRECTIVE ACTION PLAN DUE DATE: N/A

Rebecca Anderson, Site Director
Boys & Girls Clubs of Central New Hampshire - Hopkinton
Unit
194 Maple Street
Contoocook NH 03229

LICENSE NUMBER: CCCB-06851
LICENSING COORDINATOR(S):
Amelia Verdrager

As a result of a visit conducted in accordance with RSA 170-E, the department finds that on the day of the visit there were no violations of critical rules.

The following Non-Critical Violations were also found. Non-critical violations shall be corrected as soon as possible and no later than 30 days from the date of verbal or written notification.

He-C 4002.20(a):

The licensing coordinator's review of ten children's records revealed that three child registration information forms only consisted of the front page and therefore did not contain all of the required information.

He-C 4002.20(c):

The licensing coordinator's review of ten children's records revealed that seven did not contain the most recent version of the child registration and emergency information form including the most recent child care licensing statement to parents.

By signing below, I agree to maintain future compliance with the statutes and/or rules cited above.

OWNER/APPLICANT SIGNATURE: _____ **DATE:** / /

DIRECTOR/PROVIDER SIGNATURE: _____ **DATE:** / /

FOR DEPARTMENT USE ONLY

- ☐ ***APPROVED** (EACH ITEM IN THE CORRECTIVE ACTION PLAN HAS BEEN **APPROVED**)
- ☐ ***DISAPPROVED** (A REVISED CORRECTIVE ACTION PLAN WILL BE REQUIRED FOR THE ITEMS MARKED **DISAPPROVED** IN THE RIGHT HAND COLUMN.)

LICENSING COORDINATOR: _____ **DATE:** / /

FOLLOW-UP:

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